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CONFIRMATION NO. 5247

<b>SERIAL NUMBER</b> 10/643,649	<b>FILING OR 371(c) DATE</b> 08/18/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> PA1515 (MEDT/0018)
<b>APPLICANTS</b> Jack Chu, Santa Rosa, CA; Scott Doig, Santa Rosa, CA; David S. Brin, Santa Rosa, CA;				
<b>** CONTINUING DATA *****</b> <i>None TN</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None TN</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/31/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 47
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> PATENT COUNSEL MEDTRONIC AVE, INC. 3576 Unocal Place Santa Rosa, CA95403				
<b>TITLE</b> Methods and apparatus for treatment of aneurysmal tissue				
<b>FILING FEE RECEIVED</b> 1236	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	